

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

**SMALL ENTITY**  
TYPE ☐

OR **OTHER THAN SMALL ENTITY**

|                                  |                 |              |
|----------------------------------|-----------------|--------------|
| FOR                              | NUMBER FILED    | NUMBER EXTRA |
| BASIC FEE                        |                 |              |
| TOTAL CLAIMS                     | 69 minus 20 = * | 29           |
| INDEPENDENT CLAIMS               | 4 minus 3 = *   | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 |              |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 345.00 |
| X\$ 9= |        |
| X39=   |        |
| +130=  |        |
| TOTAL  |        |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 690.00 |
| X\$18= | 522    |
| X78=   | 78     |
| +260=  |        |
| TOTAL  | 1240   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY**

OR **OTHER THAN SMALL ENTITY**

|             |  |                                  |       |                                    |               |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

|             |  |                                  |       |                                    |               |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

|             |  |                                  |       |                                    |               |
|-------------|--|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                | Minus | **                                 | =             |
|             | Independent                                    | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

## CLAIMS AS FILED - PART I

|   | (Column 1)     | (Column 2)   |
|---|----------------|--------------|
| TOTAL CLAIMS  |                |              |
| FOR   | NUMBER FILED   | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 49 minus 0 = * | 0            |
| INDEPENDENT CLAIMS  | 4 minus 0 = *  | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## SMALL ENTITY TYPE ☐

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9=    |        |
| X43=      |        |
| +140=     |        |
| TOTAL     |        |

## OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18=    |        |
| X86=      |        |
| +280=     |        |
| TOTAL     | 770.   |

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT 3   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 49                             | Minus ** 49                        | = 0           |
| Independent   | * 4                              | Minus *** 4                        | = 0           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

## SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

## OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.